



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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April 6, 2007

Sheryl Rickard, Administrator  
Bonner General Hospital  
P.O. Box 1448  
Sandpoint, ID 83864

Provider #: 130024

Dear Ms. Rickard:

On **March 14, 2007**, a Complaint Investigation was conducted at Bonner General Hospital. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00002627**

**Allegation:** A patient went to the hospital for a CT scan of their abdomen. Prior to the CT scan the patient had a "heat flash" and staff took him to the emergency room even though he told them he was okay. In the emergency room an IV was started and medications were given without permission. He did not see a physician in the emergency room for 4 hours. Additionally, the patient did not sign a consent for treatment in the emergency room.

**Findings:** An unannounced visit was made to the hospital on 3/14/07 to investigate the complaint. During the investigation, five closed emergency room records were reviewed and staff were interviewed.

One patient record documented that a 50 year old male was admitted to the emergency room (ER), from the radiology department, on 5/17/60 at 1:42 PM. The patient was scheduled for an outpatient abdominal CT scan but complained of abdominal pain and nausea. Radiology staff were unable to finish the CT scan due to the patient's pain. He was brought to the ER by radiology staff for evaluation. The record indicated the patient told the ER nurse that his pain level was an "8" on a scale

of 1(low) to 10(high). The patient was given intravenous morphine for pain and phenergan for nausea. The ER physician, who saw the patient at 1:50 PM, documented she consulted with the patient prior to ordering tests, starting an IV, and giving him medications. The physician's note dated 5/17/06 stated, "he had no objections to this." The patient did not appear to refuse treatment. The physician documented that following the CT scan the patient "is very angry because he says the 'CT lady made him come to the ER, he did not want to come to ER and have any of these tests done. He knows all of his tests were normal because he had them done last week in the office.' I explained to him that we did tell him we were going to do these tests and if he did not want any of them he should have let us know at that time and refused them." The patient's record contained a signed and dated "conditions of admission and consent for treatment" form.

On 3/14/07 at 11:30 AM, the director of patient care services was interviewed. She stated if the patient had refused to go to the emergency room or refused treatment they would have had him sign an "against medical advice" form stating they had recommended treatment and he had refused it. Additionally, she stated there had been no complaints of persons being treated against their will in the emergency department.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the information recorded in the patient's record, the patient was not treated against his will. Also, there was no delay in treatment. The complaint was not substantiated and no deficiencies were cited.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,



GARY GULES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Supervisor  
Non-Long Term Care

GG/mlw